FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000062682 (4) SALUK, GANTOUS AND ASSOCIATES, INC. Principal Place of Business Mailing Address 11830 N. BAYSHORE DR., PH-9 11930 N. BAYSHORE DR., PH-9 MIAMI FL 33181 MIAM! FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/18/1997</u> 2. Principal Place of Business 7 Applied For 1508 SE 65-078 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be FT. LAUDERDALE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes S No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SALUK, ARTHUR J 11930 N. BAYSHORE DR., PH-9 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33181** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar Mills, and at deptitio original so of, Section 607.0505, Florida Statutes.

SIGNATURE

APTHUR J- SALWK

3-5-9.66 of regences tagent and Affect applicabil n reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **VELICERS AND DIRECTORS** 13. DELETE 1.1 TITLE TITLE SALUK, ARTHUR J 12 NAME NAME 11930 N. BAYSHORE DR., PH-9 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GANTOUS, GEORGE A 2.2 NAME NAME 11930 N. BAYSHORE DR., PH-9 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33181 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 32 NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-S1-2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

FILED

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or, an attachment with an indicated.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP